

STATE OF HAWAII / DEPARTMENT OF HUMAN SERVICES / SOCIAL SERVICES DIVISION**PROGRAMS: CHECK ONLY ONE: (* ITS: Forward form and print-out results to CWS FHLU-See page 2)**

<input type="checkbox"/> CCFH/CMA (P)	<input type="checkbox"/> DOH-CAMHD (Other Than Ther.Homes/Staff)	<input type="checkbox"/> DHS-Med-QUEST (Other Than DOH- DDD)
<input type="checkbox"/> Adult Day Care Center (P)	<input type="checkbox"/> CWS- Child Specific Resource Families (B)*	<input type="checkbox"/> DOH-CAMHD- CPO Therapeutic Resource Homes & Staff (P)*
<input type="checkbox"/> Foster Grandparent (B)	<input type="checkbox"/> CWS- Hui Hoomalu & Kokua Ohana Staff (P)*	<input type="checkbox"/> DHS-Office of Youth Services (Other Than Safe House Staff)
<input type="checkbox"/> Senior Companion (B)	<input type="checkbox"/> CWS -CCI & CPO Staff & CPO non-therapeutic resources homes (P)*	<input type="checkbox"/> DHS-Office of Youth Services Safe House Staff (P)*
<input type="checkbox"/> Respite Companion (B)	<input type="checkbox"/> CWS- Catholic Charities HI Hale Malama & HOPE Waiting Keiki Contract Resource Families (B)*	<input type="checkbox"/> CWS- Hui Hoomalu DHS GL Resource Families (B)*
<input type="checkbox"/> DOH-ADAD		
<input type="checkbox"/> DOH-AMHD		
<input type="checkbox"/> DOH-OHCA		
<input type="checkbox"/> DOH-DDD		

AUTHORIZATION FOR CRIMINAL HISTORY RECORD CLEARANCE

<input type="checkbox"/> FBI Fingerprinting Clearance	AND/OR	Hawaii Criminal Justice Information System (CJIS)-Name Check	<input type="checkbox"/> Initial	<input type="checkbox"/> Recertification
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REQUESTING INDIVIDUAL OR AGENCY: (Print or Type all information)

Name: _____ Phone: _____
Address: _____ ATTN: _____

I hereby authorize the Department of Human Services (DHS) or its designee to conduct a criminal history record clearance on me and to release the information to the requesting individual or agency indicated above.

Full Name: _____
Last First Middle

Any Alias(es)/Former Name(s), including Maiden Name: _____

Social Security No.: _____ Date Birth: _____ Place of Birth: _____ Country of Citizenship: _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Color eyes: _____ Color hair: _____

Current Address: _____ Phone No.: _____

I understand that the information I provide about me shall be used solely for the purpose of conducting the criminal history record clearance. I also understand that the release of this information may be used as part of a background check for employment, volunteer, licensure, or certification purposes which may result in suspension or termination.

This authorization is good until ____ / ____ / ____ or ____
Date Event

When no date or event is specified, the authorization shall expire one year from the date the authorization is signed.

Signature: _____ Date: _____

Please check the appropriate box:

☐ I have never been convicted of a crime.

☐ I have been convicted of the crime(s) listed below: (Do not include minor traffic violations involving a fine of \$50 or less)

Date and Place of Conviction	Offense	Sentence/ Fine

I, the undersigned, certify under penalty of false swearing in official matters, that the above listed information is true, accurate and complete to the best of my knowledge.

Print Full Name: _____ Date of Birth: _____

Signature: _____ Date: _____

*****FOR OFFICIAL USE ONLY*****

FBI Fingerprinting Clearance: The following results are based upon the fingerprint results of the individual identified above:

☐ No record of conviction found. ☐ Record of conviction found. ☐ FBI Fingerprint Clearance not requested

I certify that the Criminal History Record Check result information is accurate as of: _____
Date of Fingerprinting

Hawaii Criminal Justice Information System (CJIS) Name Check Clearance: (CWS FHLU will conduct CJIS Name Checks for programs with an asterisk)

☐ No record of conviction found. ☐ Record of conviction found. ☐ CJIS Clearance not requested

I certify that the Criminal History Record Check result information is accurate as of: _____
Date of CJIS Name Check

Clearance Completed by: _____ Date: _____
DHS or Designee Worker's Name Phone Number

DHS-SSD-CWS: *Forward this Form and print out results to CWS FHLU (see below):

CWS FHL Unit Address: